LINDSEY WILSON UNIVERSITY

ABSENCE REQUEST FORM

This form is used to request and report leave. Request for any excused absence should be submitted and approved at least two weeks before the absence occurs. When absence is due to sudden illness, accident, or death, the request must be submitted within 3 working days of return to work. All absences must be approved by the employee's supervisor and in accordance with the rules set forth in the Employee Handbook.

Employee Name	**Department**	**Date**

VACATION		**SICK**		**BEREAVEMENT**		**UNPAID LEAVE**	
Please use a separate line for each day you are		**Please use a separate line for each day you are absent.**		**Please use a separate line for each day you are**		**Please use a separate line for each day you are**	
Date	Hours Taken	Date	Hours Taken	Date	Hours Taken	Date	Hours Taken
Total Hours		**Total Hours**		**Total Hours**		**Total Hours**	

Please record all hours that are used towards your Family Medical Leave Act (FMLA) below.

FMLA Dates:

VACATION		**SICK**		**PARENTAL LEAVE**		**UNPAID LEAVE**	
Date	Hours Taken	Date	Hours Taken	Date	Hours Taken	Date	Hours Taken
Total Hours		**Total Hours**		**Total Hours**		**Total Hours**	

Employee L#

I certify that this record is accurate and accounts for time not worked during the date(s) indicated.

Employee Signature Date

Supervisor Signature Date

For Office Use Only
Entered into Banner